

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1					5	
2					6	
3						
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20					1	
21					1	
22					1	
23					1	
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25					1	
26					1	
27					1	
28					1	
29					2	
30					1	
31					1	
32					1	
33					1	
34					3	
35					1	
36					4	
37					1	
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48						
49						
50						
TOTAL IND.					4	
TOTAL DEP.					20	
TOTAL CLAIMS					24	

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						